

AMENDED NON-LITIGATION/TRANSACTIONAL BUDGET FORM

AMENDED BUDGET AMOUNT IS A CUMULATIVE TOTAL OF ALL PAST AMOUNTS INCURRED PLUS FUTURE AMOUNTS NECESSARY FOR COMPLETION OF THE MATTER

NOTE: An Amended Budget Worksheet must also be completed prior to Amended Budget approval (1) if the original Budget required a Worksheet, or (2) if directed by an FDIC Attorney.

Matter No:	Matter Caption:			
Institution No: <input type="checkbox"/> Bank <input type="checkbox"/> Thrift	Firm Name:			
		<input type="checkbox"/> 1st Amended Budget	<input type="checkbox"/> 2nd Amended Budget	<input type="checkbox"/> 3rd Amended Budget
PART I: NON-LITIGATION/TRANSACTIONAL BUDGET INFORMATION				
Attorneys' fees: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Fixed Fee (\$ _____) <input type="checkbox"/> TOA Fee (\$ _____) <input type="checkbox"/> Contingent Fee (_____% of \$ _____)		ESTIMATED RECOVERY VALUE: \$ _____		
Specify Nature of Non-Litigation/Transactional Work to be Performed: (Attach additional page(s) as necessary.)				
ACTION	LAST APPROVED BUDGET		AMENDED BUDGET	
	FEES	EXPENSES	FEES	EXPENSES
Research				
Review				
Negotiation				
Drafting (include revisions)				
Advice & Consultation				
Non-Judicial Foreclosure				
Other (Specify):				
Estimated Hours For Completion _____				
Estimated Completion Date (MM/DD/YY): ____/____/____				
GRAND TOTAL OF NON-LITIGATION/TRANSACTIONAL BUDGET				
PART II: LAW FIRM AMENDED BUDGET ACKNOWLEDGMENT				
I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.				
Authorized Law Firm Signature: _____			Date: ____/____/____	
Print/Type Name and Title of Above: _____				
Telephone: () _____			FAX: () _____	

Matter No:	Matter Caption:	
Institution No:	Firm Name:	
	LAST APPROVED BUDGET	AMENDED BUDGET
GRAND TOTAL OF NON-LITIGATION/TRANSACTIONAL BUDGET		
PART III: AMENDED BUDGET APPROVAL		
FDIC Legal Division Approval		
FDIC Attorney (recommending approval of amended budget):		Date: ____/____/____
<i>The amended budget has been reviewed and is approved</i>		
Signature of Delegated Authority:		Date: ____/____/____